



ST. JOSEPH COUNTY
ESTABLISHED 1830



MEMBERS

ANDREW T. KOSTIELNEY
President

DEBORAH A. FLEMING, D.M.D.
Vice-President

DAVE THOMAS
Member

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

NAME: _____

ADDRESS: _____
Address

TELEPHONE NUMBER _____ EMAIL: _____

DATE OF REQUEST _____ TIME OF REQUEST _____

COUNTY DEPARTMENT HAVING THE RECORDS REQUESTED: _____

PLEASE CLEARLY IDENTIFY THE RECORD BEING REQUESTED

(Be as specific as possible, if more space is needed use reverse side of request form)

This is a request for:

_____ permission to inspect record requested.

_____ you to provide me with a copy of the record at the price of \$.05 per page.

I understand that the copying fee must be paid before the record will be distributed

SIGNATURE _____ **DATE** _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Date and time request received: _____

Name of person receiving request: _____

Disposition of request: _____

SIGNATURE: _____ DATE: _____